

## **APPLICATION DATA SHEET**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: MOTOR CONDITION DETECTION  
APPARATUS AND VEHICLE HEIGHT  
CONTROL APPARATUS

Attorney Docket Number:: 000409-108

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Wataru

Middle Name::

Family Name:: TANAKA

Name Suffix::

City of Residence:: Toyota-shi

State or Province of Residence:: Aichi-ken

Country of Residence:: Japan

Street of Mailing Address:: 37-38, Uenota, Wakabayashihihigashi-machi

City of Mailing Address:: Toyota-shi

**State or Province of Mailing Address::** Aichi-ken

**Country of Mailing Address::** Japan

**Postal or Zip Code of Mailing  
Address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** Japan

**Status::** Full Capacity

**Given Name::** Toshiaki

**Middle Name::**

**Family Name::** HAMADA

**Name Suffix::**

**City of Residence::** Okazaki-shi

**State or Province of Residence::** Aichi-ken

**Country of Residence::** Japan

**Street of Mailing Address::** 56-2, Kutekita, Kitano-cho

**City of Mailing Address::** Okazaki-shi

**State or Province of Mailing Address::** Aichi-ken

**Country of Mailing Address::** Japan

**Postal or Zip Code of Mailing  
Address::**

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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## **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2003-092423	03/28/03	Yes

## **Assignee Information**

Assignee Name:: AISIN SEIKI KABUSHIKI KAISHA

Street of Mailing Address:: 1, Asahi-machi 2-chome

**City of Mailing Address::** Kariya-shi

**State or Province of Mailing Address::** Aichi-ken

**Country of Mailing Address::** Japan

**Postal or Zip Code of Mailing  
Address::** 448-8650